MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11326

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randle Cliffs
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randle Cliffs
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Lizzie (Last) Bobbitt

4. DATE OF DEATH: (Month) Oct (Day) 8 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 16 Aug 1863

9. AGE last birthday: 89 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Wesley Burch

14. MOTHER'S MAIDEN NAME: Elizabeth Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Margaret Burch Scott. R.2 Cuba Grange-Dunkirk Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1
Immediate cause (a) Coronary occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis
DUE TO
(c) senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 1.2 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Med. Examiner ADDRESS Huntingtown DATE SIGNED 10/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 11, 1952
NAME OF CEMETERY OR CREMATORY Mt. Harmony Cemetery
LOCATION (City, town, or county) (State) Mt. Harmony Maryland

DATE REC'D BY LOCAL REGISTRAR Oct. 10, 1952
REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR ADDRESS Wm. H. Hutchins, Owings, Md.

RECEIVED
OCT 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11327

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Olivia Fredwick
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jewell, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Katherine (Middle) (Last) Bray

4. DATE OF DEATH: (Month) October (Day) 11 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb. 19 1888

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Roderick Cady

14. MOTHER'S MAIDEN NAME: Anne Larkins

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Compton Bray, Jewell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) Pulmonary embolism — Interval Between Onset And Death: 1 hr.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardiac Asthma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3, 1952, to 10/11, 1952, that I last saw the deceased alive on 10/11, 1952, and that death occurred at 11:05 a.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED 10/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 14, 1952
NAME OF CEMETERY OR CREMATORY Mt. Benedict Cemetery
LOCATION (City, town, or county) (State) Roxbury, Mass.

DATE REC'D BY LOCAL REGISTRAR Oct 13, 1952
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR J. S. Waterman & Son
ADDRESS 479 Commonwealth Ave, Boston, Mass

RECEIVED
OCT 20 1952
BUREAU V. S.

Items 1,2,3,7,8,9,10,11,13,14 FilmG147 10/17/52 whw
18 & 21 15 & 17

MARYLAND STATE DEPARTMENT OF HEALTH

11328

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Frederick
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co - Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Texas COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Houston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Henry (Last) Davis

4. DATE OF DEATH (Month) 10 (Day) 6 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-16-28
9. AGE last birthday 24 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Navy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Houston Texas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Arthur Davis
14. MOTHER'S MAIDEN NAME unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS R.L.Huber, LtMcUSNR, USNRS, Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

825.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Injuries Multiple, Extreme

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Prince Frederick (COUNTY) Maryland (STATE)
TIME OF INJURY (Month) Oct (Day) 6 (Year) 52 (Hour) 0215 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Involved in auto accident.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H W Ward (Degree or title) D M Z ADDRESS Ouing Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 10-8-52
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Houston, Texas (State)

DATE REC'D BY LOCAL REG. 10-6-52
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR Robert A. Pumphrey - 7557 Wisconsin Ave Wash, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 15 1970
BUREAU V. S.

Items 1, 2, 7, 11, 13, 14 and 21 & 18 15 & 17 FilmG147 10/17/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11329

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co.Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE California COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN San Bernardino
STREET ADDRESS (If rural, give location) 654 S. N. St.

3. NAME OF DECEASED (Type or Print) (First) Guy (Middle) Homer (Last) Elkins
4. DATE OF DEATH (Month) 10 (Day) 6 (Year) 52 19

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3/1/25
9. AGE last birthday 27 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Navy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) California
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Homer Cross Elkins
14. MOTHER'S MAIDEN NAME Doris Pierpoint

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS R.L.Huber, LtMcUSNR, USNRS, Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

825.4

Immediate cause (a) Fractured skull an neck

Antecedent cause(s) - Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Injuries Multiple, Extreme

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Taken from auto accident dead

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Dunkirk (COUNTY) Calvert (STATE) Md
TIME OF INJURY (Month) 10 (Day) 6 (Year) 52 (Hour) 12:56 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto - Involved in auto accident.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE H W Ward (Degree or title) D M E ADDRESS Dunkirk Md DATE SIGNED 10/6/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-10-52
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cem.
LOCATION (City, town, or county) (State) Arlington, Va.
DATE REC'D BY LOCAL REG. 10-6-52
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS 7557 Wisconsin Av. Wash, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

BUREAU V. 2
OCT 1[illegible]
RECE[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

11330

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owen Frederick
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Holland Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Baby	Boy	Frisco #2	Oct.	1	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White		Oct. 1, 1952	yrs.		55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Victor Frisco	Bertie Othelia Woodside

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mother. Holland Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature.

776K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 1, 1952, to Oct. 1, 1952 that I last saw the deceased alive on Oct. 1, 1952, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Huntingtown, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 3, 1952	Fort Lincoln Cem.	Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-3-52	H. W. Ward	A. A. Harkness & Son - Mutual, Md.	

21 02375220

RECEIVED
OCT 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11331

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick
MARYLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Howard Point
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Frisco #1

4. DATE OF DEATH: (Month) Oct. (Day) 1, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 1, 1952

9. AGE last birthday: ✓ yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Victor Frisco

14. MOTHER'S MAIDEN NAME: Bertie Ophelia Woodside

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mother - Holland Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature

7767 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH:

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1952 to Oct. 1, 1952, that I last saw the deceased alive on Oct. 1, 1952 and that death occurred at 5 P.M. m., from the causes and on the date stated above.

SIGNATURE: A. Weems (Degree or title) ADDRESS: DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Oct. 3, 1952

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem.

LOCATION (City, town, or county) (State): Wash. D. C.

DATE REC'D BY LOCAL REG.: 10-3-52

REGISTRAR'S SIGNATURE: H. W. Ward

24. FUNERAL DIRECTOR: A. C. Faulkner & Son - Mitchell, Md. ADDRESS:

21023774220

RECEIVED
OCT 9
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1332

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Broomes Island
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Broomes Island
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) Gilbert (Last) Gatton

4. DATE OF DEATH: (Month) Oct. (Day) 1, (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: July 17, 1893

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months 2 Days 14 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Broomes Island, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Gatton

14. MOTHER'S MAIDEN NAME: Anna Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 219-16-2006

17. INFORMANT & ADDRESS: Florence Louise Gatton - Broomes Island

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

154X

Immediate cause (a) Carcinomatosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ca. of rectum

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/—, 19—, to 10/1, 1952, that I last saw the deceased alive on 10/1, 1952, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Williams M.D — ADDRESS St Leonard — DATE SIGNED Oct 4

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Oct. 4, 1952 — NAME OF CEMETERY OR CREMATORY Water's Memorial Cem. — LOCATION (City, town, or county) Island Creek, (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-3-52 — REGISTRAR'S SIGNATURE H.W. Ward

24. FUNERAL DIRECTOR — ADDRESS A.A. Parkinson & Son - Mutual, Md

VS. A15

RECEIVED
OCT 9 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11333

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Calvert
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 43 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barstow
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Leroy (Last) Gross

4. DATE OF DEATH: (Month) October (Day) 14 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Oct. 12 1952

9. AGE Last birthday: ✓ yrs. IF UNDER 1 YEAR: Months — Days 1 + Hours 43 Min. — IF UNDER 24 HRS.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Prince Frederick, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Gross

14. MOTHER'S MAIDEN NAME: Mary Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary Gross. Barstow, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity (5 months)"

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — (Wgt 700 grams)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1952, to Oct. 14, 1952, that I last saw the deceased alive on Oct. 14, 1952, and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-15-52

NAME OF CEMETERY OR CREMATORY Carroll's

LOCATION (City, town, or county) (State) Barstow, Md

DATE REC'D BY LOCAL REGISTRAR 10-15-52

REGISTRAR'S SIGNATURE N. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell. ADDRESS Prince Frederick, Md.

2002287220

RECEIVED
OCT 16 1917
BUREAU V. S.

Item 8 FilmG143 11/12/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

11334

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Island Creek
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Island Creek.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Horace (Middle) (Last) Jackson

4. DATE OF DEATH (Month) 10 (Day) 30 (Year) 19 52

5. SEX M

6. COLOR OR RACE C

7. SINGLE, (MARRIED,) WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 5-29-1893

9. AGE last birthday 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Jackson

14. MOTHER'S MAIDEN NAME Mary Jackson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Brazie Jackson. Island Creek Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach

1514 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10, 1952, to 10/30, 1952, that I last saw the deceased alive on 10/30, 1952, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE J. H. Weems (Degree or title) M.D. ADDRESS Huntingtown Md DATE SIGNED 10/31/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 11-2-52

NAME OF CEMETERY OR CREMATORY Brooks Chapel

LOCATION (City, town, or county) (State) Island Creek, Md.

DATE REC'D BY LOCAL REG. 10/31/52

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR ADDRESS P.E. Sewell Prince Frederick Md

1952
1905
47

RECEIVED
NOV 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11335

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

COUNTY Calvert MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick

LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Calvert

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bowens

STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) O. (Last) Lusby

4. DATE OF DEATH: (Month) Oct. (Day) 24, (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Apr. 22, 1906

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months 6 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bus Driver

10b. KIND OF BUSINESS OR INDUSTRY: Transportation

11. BIRTHPLACE (State or foreign country): Solomons - Calvert C., Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George G. Lusby

14. MOTHER'S MAIDEN NAME: Flora Oliver

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 212-20-7534

17. INFORMANT & ADDRESS: Ruby Bowen Lusby - Bowen's, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Uremia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. Glomerular Nephritis

DUE TO

(c) Chronic Rheumatoid Arthritis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to Oct 24, 1952, that I last saw the deceased alive on October 24, 1952, and that death occurred at 6 15 a, from the causes and on the date stated above.

SIGNATURE Sage Jr. (Degree or title) ADDRESS Prince Frederick DATE SIGNED 10/26/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 26, 1952

NAME OF CEMETERY OR CREMATORY Asbury Cemetery

LOCATION (City, town, or county) (State) Barstow - Calvert Co., Md

DATE REC'D BY LOCAL REGISTRAR 10/25/52

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11336

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunderland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunderland.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Reed

4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1952

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):

8. DATE OF BIRTH: 7

9. AGE last birthday: 88 7 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Jane Reed.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Joseph. M. Reed Jr. Sunderland md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arterio-sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE: R.D. Willard (Degree or title) M.D. ADDRESS: St Leonard, md DATE SIGNED: 10/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-24-52

NAME OF CEMETERY OR CREMATORY: Mt Hope

LOCATION (City, town, or county) (State): Calvert md

DATE REC'D BY LOCAL REG.: 10-23-52

REGISTRAR'S SIGNATURE: N.W. Ward

24. FUNERAL DIRECTOR: P.E. Sewell ADDRESS: Prince Frederick, md

RECEIVED
OCT 24 1952
BUREAU V. S.

11337

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick — LENGTH OF STAY (in this place): 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Roger (Middle) Moore (Last) Stuart
4. DATE OF DEATH: (Month) Oct. (Day) 22, (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Nov. 19, 1882
9. AGE last birthday: 69 yrs. — If under 1 year: Months 11, Days 3 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Broker
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Albert Rhett Stuart
14. MOTHER'S MAIDEN NAME: Sophia Clarkson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Mary W. Stuart - Prince Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — 25 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22, 19..., to 10/22, 1952, that I last saw the deceased alive on 10/22, 1952, and that death occurred at 10 50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Roger Stuart — ADDRESS: Prince Frederick — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 24, 1952 — NAME OF CEMETERY OR CREMATORY: St. Paul's Cemetery — LOCATION (City, town, or county) (State): Prince Frederick, Md.
DATE REC'D BY LOCAL REG.: 10-23-52 — REGISTRAR'S SIGNATURE: H. W. Ward
24. FUNERAL DIRECTOR — ADDRESS: A. A. Harkness & Son - Mutual, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1952
BUREAU V. S.

11338

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anthony (Middle) Wendell (Last) Thomas

4. DATE OF DEATH (Month) October (Day) 3 (Year) 1952

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Aug. 16, 1952

9. AGE last birthday yrs. If under 1 year Months 1/2 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Huntingtown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Benjamin Thomas

14. MOTHER'S MAIDEN NAME Mildred Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mildred Long. Huntingtown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malnutrition

490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar Pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 29, 1952, to Oct. 3, 1952, that I last saw the deceased alive on Oct. 2, 1952, and that death occurred at 1:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ray Williams M.D. ADDRESS S. Thomas DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10-5-52

NAME OF CEMETERY OR CREMATORY Patuxent

LOCATION (City, town, or county) Huntingtown, (State) Md.

DATE REC'D BY LOCAL REG. 10-3-52

REGISTRAR'S SIGNATURE H. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell. ADDRESS Pr. Fred. Md

408221635 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

RECEIVED
OCT 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11339

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Benton (Last) Trueman

4. DATE OF DEATH: (Month) 10 (Day) 15 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Feb. 12, 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 8 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Contractor & Builder
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Dealer
11. BIRTHPLACE (State or foreign country): Prince George's Co., Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Columbus Trueman
14. MOTHER'S MAIDEN NAME: Mary D. Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Gordon Trueman - St. Leonards, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Pulmonary embolism DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Thrombosis DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15, 1952, to 10/15, 1952, that I last saw the deceased alive on 10/15, 1952, and that death occurred at 8:05, from the causes and on the date stated above.

SIGNATURE R. A. Williams (Degree or title) M.D. ADDRESS St Leonards, Md DATE SIGNED 10/16/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct. 17, 1952
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery M.E.
LOCATION (City, town, or county) Lusby - Calvert Co., (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-16-52
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 17 1952
BUREAU V. S.

11340

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Republic
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elsie (Middle) (Last) Watkins

4. DATE OF DEATH (Month) Oct. (Day) 3 (Year) 1952

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Aug. 16, 1896
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Port Republic, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Abraham Gross
14. MOTHER'S MAIDEN NAME Harriett Commodore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Jerry Watkins. Port Republic, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

Immediate cause (a) Carcinomatosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Stomach

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Oct 3, 1952, that I last saw the deceased alive on Oct 3, 1952, and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Williams MD ADDRESS S. Thomas DATE SIGNED 10/4

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-5-52
NAME OF CEMETERY OR CREMATORY Browns
LOCATION (City, town, or county) (State) Port Republic, Calvert, Md

DATE REC'D BY LOCAL REG. 10-3-52
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR P. E. Servell ADDRESS Pr. Fred., Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
OCT 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11341

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick, Md. — LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Lusby Maryland

3. NAME OF DECEASED (Type or Print): (First) Garland (Middle) Warren (Last) Wood, Jr.

4. DATE OF DEATH: (Month) October (Day) 1 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: August 4, 1952

9. AGE last birthday: yrs. — If under 1 year: Months 1 Days 27 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Garland Warren Wood, Sr.

14. MOTHER'S MAIDEN NAME: Constance Ann Stallings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Garland Warren Wood, Sr. Lusby, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1952, to Oct 1st, 1952, that I last saw the deceased alive on Oct 1st, 1952, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. H. Williams — ADDRESS Huntingtown, Md. — DATE SIGNED 10/1/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Oct. 3, 1952 — NAME OF CEMETERY OR CREMATORY Asbury Cemetery — LOCATION (City, town, or county) (State) Barstow, Md

DATE REC'D BY LOCAL REG. 10-3-52 — REGISTRAR'S SIGNATURE K. W. Ward — 24. FUNERAL DIRECTOR A. E. Hackman & Son - Mutual, Md — ADDRESS

20822024 06

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OCT
BUREAU V. S.